

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214502362			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CHRIST GOSPEL CHURCHES INTERNATIONAL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KRIS MEEK 2225 ENGLE AVE. CHESAPEAKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F1738345</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2614 E 10TH ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: JEFFERSONVILLE, IN 47130</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: B R HICKS TITLE: PRES/DTR ADDRESS: 714 E MAIN ST CITY/ST/ZIP/CO: NEW ALBANY, IN 47150 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: B R HICKS TITLE: PRES/DTR ADDRESS: 714 E MAIN ST CITY/ST/ZIP/CO: NEW ALBANY, IN 47150	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	KENT FOWLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	227 DULEY CT.		
CITY/ST/ZIP/CO:	JEFFERSONVILLE, IN 47130		
NAME:	DR. JOHN GODBOLT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	591 AMBROSE PLACE		
CITY/ST/ZIP/CO:	FAYETTEVILLE, NC 28314		
NAME:	PAUL HANSSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3119 AMBER CREST LOOP		
CITY/ST/ZIP/CO:	JEFFERSONVILLE, IN 47130		
NAME:	ROBERT JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9651 60TH ST. N		
CITY/ST/ZIP/CO:	PINELLAS PARK, FL 33872		
NAME:	RUERY JUAREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AV MORELOS MX 84 LT 986		
CITY/ST/ZIP/CO:	MEXICO CITY,09600,MEXICO , , FN		
NAME:	RODOLFO A JUAREZ JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3852 WAYNE ST		
CITY/ST/ZIP/CO:	NEW ALBANY, IN 47150		
NAME:	EARL LOWREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	32 ABBY CHASE		
CITY/ST/ZIP/CO:	JEFFERSONVILLE, IN 47130		
NAME:	DON MCKAY, SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	508 CRESTLINE		
CITY/ST/ZIP/CO:	FORNEY, TX 75126		
NAME:	DENNIS PLACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	575 127TH LANE		
CITY/ST/ZIP/CO:	COON RAPIDS, MN 55433		
NAME:	GREG SOLOMOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1907 PLUM HILL COURT		
CITY/ST/ZIP/CO:	FLOYDS KNOBS, IN 47119		
NAME:	RICHARD STILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O Box 108		
CITY/ST/ZIP/CO:	Fairland, IN 46216		

NAME:	DON TOWNSEND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 KINGSTON RD.		
CITY/ST/ZIP/CO:	COLLINSVILLE, IL 62234		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ COLIN LANGLEY	COLIN LANGLEY, TRES/DTR	1/3/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			